

FILED
Jun 13, 2008 8:00 am
Secretary of State

DOCUMENT # L03000053826



Mailing Address
12691 S.W. 45TH STREET
OCALA, FL 34481

3. Mailing Address
4235 SW 126th Terrace

Suite, Apt. #, etc.

| |
|--------------|
| City & State |
| Ocala, FL |

Country

34481

Country

IISA

06022008 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2423752

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE HECHAVARRIA SCOTT, ANNE
12691 S.W. 45TH STREET
OCALA, FL 34481

Name _____

Street Address (P.O. Box Number is Not Acceptable)
4235 SW 126th Terrace

City
Ocala

| | |
|----|-------------------|
| FL | Zip Code 34481 |
|----|-------------------|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. **MANAGING MEMBERS/MANAGERS**

| | |
|-----|-------------------|
| 10. | ADDITIONS/CHANGES |
|-----|-------------------|

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | DE HECHAVARRIA SCOTT, ANNE PRES | |
| STREET ADDRESS | 12691 S.W. 45TH STREET | |
| CITY- ST- ZIP | OCALA, FL 34481 | |

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | SCOTT, HANS N VP | |
| STREET ADDRESS | 12691 S.W. 45TH STREET | |
| CITY - ST - ZIP | OCALA FL 34481 | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| TITLE | <input type="checkbox"/> Delete |
|-----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

| | |
|--|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 4235 SW 126th Terrace Ocala, FL 34481 | |

| | | | |
|----------------|-----------------------|--|-----------------------------------|
| TITLE | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | 4235 SW 126th Terrace | | |
| CITY-ST-ZIP | Ocala, FL 34481 | | |

| | | |
|-----------------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that, I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #